Instructions to Health Plans

* [Distribution Note: Enrollment – Plans must provide a Directory following the format below to each member upon enrollment and upon request to both new and continuing enrollees |plans should refer to the Marketing Guidelines and Contract for detailed instructions on Provider and Pharmacy Network Directory requirements]
* [Plans should replace references to “Medicaid” with “MassHealth.”]
* [If plans do not use the term “Member Services,” plans should replace it with the term the plan uses.]
* [Plans should note that the EOC is referred to as the “Member Handbook.”   
  If plans do not use the term “Member Handbook,” plans should replace it with   
  the term the plan uses.]
* [Plans should indicate that the Directory includes providers of both Medicare and Medicaid services.]
* [Plans may place a QR code on materials to provide an option for members   
  to go online.]
* [The footer should appear on every other page in the introduction. Plans have the option of deleting the footer following the introduction (e.g., the footer is not necessary in the list of providers)]

<Plan Name> | <year> Provider and Pharmacy Network Directory

This is a list of doctors, hospitals, behavioral health providers, pharmacies, and other health care providers and facilities for members of <plan name>.

* <Plan’s legal or marketing name> is a health plan that contracts with both Medicare and MassHealth to provide benefits of both programs to enrollees under the <Massachusetts Demo Name>.
* Benefits, the List of Covered Drugs and the pharmacies and providers that are included in <Plan name>’s networks may change on January 1 of each year.
* You can ask for this information in other formats, such as Braille or large print. Call <toll-free number>. The call is free.
* **You can get this document in Spanish, or speak with someone about this information in other languages for free. Call <toll-free number>. The call is free.** [*The preceding sentence must be in English and Spanish. The non-English disclaimer must be placed below the English version and in the same font size as the English version.*]
* This Directory lists health care professionals (such as doctors, nurse practitioners, physical therapists), facilities (such as hospitals or clinics), and support providers (such as Adult Day Health and Home Health providers) that you may see as a <plan name> member. We also list the pharmacies that you may use to get your prescription drugs.

We will refer to this group as “network providers” in this Directory. These providers signed a contract with us to provide you services. This is a list of <plan name>’s network providers for [*describe the plan’s service area, and* *include a list of counties and cities/towns.*]

The list is up-to-date as of <date of publication>, but you need to know that:

* Some <plan name> network providers may have been added or removed from our network after this Directory was printed.
* Some <plan name> providers in our network may not be accepting new members. If you are having trouble finding a provider who will accept new members, call Member Services at <toll-free number> and we will help you.

To get the most up-to-date information about <plan name>’s network providers in your area, visit <web address>or call Member Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY/TDD: <phone number>.] *<Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology.>*

Doctors and health care professionals that are in <plan name’s> network are listed on pages <page numbers>.

Pharmacies that are in our network are listed on pages <page numbers>.

Providers

Getting started in <plan name>

[*Plans should explain Interdisciplinary Care Teams, including composition of the teams and how they work. Plans should also include information about the integrated Individualized Care Plans developed for each member as applicable to the model of care.*]

You can get services from any provider who is in our network and accepting new members. First, you [*will need to* ***or*** *should*] choose a Primary Care Provider.

A *Primary Care Provider* (PCP) is a [*plans should include examples as they see fit*] who gives you routine health care. Here is what a PCP will do for you:

* Your PCP will keep your health records and get to know your health needs over time.
* Your PCP will work closely with the care team, including the care coordinator and an Independent Living and Long-Term Services and Supports (IL-LTSS) Coordinator (someone who helps you understand and choose supports available to you in the community), if you have chosen to have one on your team.
* Your care team includes [*plans should describe the care team as appropriate to the plan, including how the enrollee can choose who is on their care team*]. One of them will be your care coordinator.

Your care coordinator helps you manage your medical providers and services. If you need long-term services and supports, your IL-LTSS Coordinator will help you find and access the right services. Both the care coordinator and IL-LTSS Coordinator work as a part of your care team to make sure you get the care you need.

Everyone on the care team works together to make sure your care is coordinated. This means that they make sure that you get all of the tests, labs, and other care that you need, and the results are shared with the appropriate providers. It also means that your PCP should know all medicines you take so that he or she can reduce any negative effects. Your PCP will always get your permission before sharing your medical information with other providers.

* [Health plans should include this sentence if applicable to plan arrangement: Your care team will also help you find other providers of medical, behavioral health, or long-term services and supports if you need to see a specialist or other health care provider. That way, you will see the right provider to help you with your concerns.]
* You may need a **referral** to see a specialist or someone that is not your PCP. A **referral** means that [*Insert as applicable:* your network PCP ***or*** our plan] must give you approval before you can see the other provider. If you don’t get a referral, <plan name> may not cover the service.
* Referrals from [*Insert as applicable:* your network PCP ***or*** our plan] are not needed for:
  + Emergency care;
  + Urgently needed care;
  + Kidney dialysis services that you get at a Medicare-certified dialysis facility when you are outside the plan’s service area; or
  + To see a women’s health specialist.
  + [Plans may insert additional exceptions as appropriate.]
* If you have questions about referrals, call Member Services at L<insert number> or refer to the Member Handbook.

Choosing a Primary Care Provider (PCP) [*if appropriate, plans should include:* or Integrated Primary Care Team]

A Primary Care Provider, or PCP, is described in the “Getting started in <plan name>” section of this Pharmacy and Provider Network Directory on <page x>.

You will need to choose a provider in the plan’s network to be your Primary Care Provider, or PCP. To choose a PCP, go to the list of Providers on page <page number> and:

* choose a [*insert term the plan uses (e.g.,* provider *or* physician)] that you use now, ***or***
* choose a [*insert term the plan uses (e.g.,* provider *or* physician)] who has been recommended by someone you trust, ***or***
* choose a [*insert term the plan uses (e.g.,* provider *or* physician)] whose offices are easy for you to get to.

*[Plans may modify the bullet text listed above or add additional language as appropriate.] [Plans should further explain directions for choosing a PCP in the context of their plan type.]*

If you want help in choosing a PCP, please call Member Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY/TDD: <phone number>.] *<Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology.>* Or, visit <web address>.

When you first enroll in <plan name>, you can keep seeing your current PCP and your other providers for 90 days, or until you and your care team complete a comprehensive assessment of your needs and goals and develop your Individualized Care Plan.  After that, if you do not choose a PCP in our network, <plan name> will choose one for you.

If you have questions about whether any service or care that you want or need is covered, talk to your care team or call Member Services to ask *before* you get the service or care.

Getting long-term services and supports

If you need them, you will be able to get long-term services and supports (LTSS), such as [*plans should provide examples with explanations of all services available to members*] as a <plan name> member. Long-term services and supports are help for people who need assistance to do everyday tasks like taking a bath, getting dressed, making food, and taking medicine. Most of these services are provided at your home or in your community but could be provided in a nursing home or hospital.

If you need LTSS, an IL-LTSS Coordinator can help you and your care team determine what options are available to support you in the way you want. You always have the right to have an IL-LTSS Coordinator on your care team.

[*Include information regarding accessing LTSS and talking with an IL-LTSS Coordinator.*]

Identifying Providers in <Plan name>’s Network

When you first enroll in <plan name>, you can keep seeing your current providers for 90 days, or until you and your care team complete a comprehensive assessment of your needs and goals and develop your Individualized Care Plan.

[*Plans should delete this paragraph if they don’t require referrals for any services.*] You may need a referral to see someone who is not a Primary Care Provider*.* There is more information about referrals in the “Getting started in <plan name>” section of this Provider and Pharmacy Network Directory on <page x>.

[*HMO plan types must include the following language.*] You must get all of your covered services from providers within our network. These providers have an agreement to work with us and provide you services. We call these providers “network providers.” **If you go to providers who are not in <plan name>’s network (without prior authorization from us), you will have to pay the bill.**

The only exceptions to this rule are when you need urgent or emergency care or dialysis and cannot get to a provider in the plan, such as when you are away from home. [*Plans may insert additional exceptions as appropriate.*] You can also go outside the plan for other non-emergency services if <plan name> gives you permission first.

[*HMOPOS plan types must provide information about which services must be obtained from network providers, which services can be obtained out-of- network under the POS benefit, and any differences in cost sharing for covered services obtained out-of- network under the POS benefit.*]

You may change providers within the network at any time. If you have been going to one network provider, you do not have to keep going to that same provider. [*Plans should modify or add language with plan specific rules about PCP changes. Plans should include the following language if appropriate:* For some providers, you may need a referral from your PCP.]

<Plan name> works with all the providers in our network to accommodate the needs of people with disabilities. The list of network providers below includes information about the accommodations they provide. If you need to see a provider and are not sure if they offer the accommodations you need, <Plan name> can help you. Talk to your [*care team, care coordinator, patient navigator, or similar]* for assistance.

Finding <plan name> providers in your area

[*Plan sponsors should describe how an enrollee can find a network provider nearest his or her home relative to the organizational format used in the Provider Directory.*]

## List of network providers

[*Plans must add non-English languages spoken and an indication for providers not accepting new patients. This is required of all plans. This applies, at a minimum, to PCPs, specialists and hospitals but is recommended for all provider types.*]

[***Note:*** *Plans that provide additional or supplemental benefits beyond those captured in the provider types in this model document must create a category or categories of providers offering these additional or supplemental benefits and list the providers.*]

[*Show the total number of each type of provider (e.g., PCP, specialist, hospital, etc.).*]

**Recommended organization:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used.*]

<Provider Name>

<Provider County>

<Provider Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[for Behavioral Health Providers: *Indicate provider information including licensing, qualifications, special experience, skills, and training in particular areas of Behavioral Health (i.e. trauma, child welfare, substance abuse).*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

You may receive services from any of the providers on this list. [*Plans should include the   
following language if referrals are required under the plan:* For some, you may need a referral from your PCP.]

[Sample formatting:]

## Primary Care Providers

## <State> | <County>

## <City/Town> <Zip Code>

## <Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

## **Specialists:** [Specialty Type]

## <State> | <County>

## <City/Town> <Zip Code>

## <Physician Name>

<Physician Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Hospitals

## <State> | <County>

## <City/Town> <Zip Code>

## <Hospital Name>

<Hospital Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Skilled Nursing Facilities

## Skilled Nursing Facilities

## <State> | <County>

## <City/Town> <Zip Code>

## <SNF Name>

<SNF Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Nursing Facilities

## <State> | <County>

## <City/Town> <Zip Code>

## <NF Name>

<NF Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Behavioral Health Providers [Customize per state-specific Behavioral Health Services (e.g. Psychiatric Day Treatment). Plans can add as many categories as necessary to list all providers for each service.]

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

**Long-Term Services and Supports** [Customize per state-specific LTSS (e.g. Adult Day Health). Plans can add as many categories as necessary to list all providers for each service.]

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Community Support Services: [Customize per state-specific Community Support Services (e.g. Peer Supports). Plans can add as many categories as necessary to list all providers for each service.]

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Dental Services:

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Vision Services:

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[*Indicate whether the provider is accepting new patients.*]

[*Indicate Days and hours of operation*]

[*List non-English languages (including ASL) spoken by the provider. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the provider’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether provider has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if provider is accessible by public transportation.]*

[*Indicate provider licensing information.*]

[*Optional: Indicate whether the provider supports electronic prescribing.*]

Pharmacies:

This part of the Directory provides a list of pharmacies in <health plan’s> network. These network pharmacies are pharmacies that have agreed to provide prescription drugs to you as a member of the plan.

[*If a plan lists pharmacies in its network but outside the service area, it must use this disclaimer:*]

We also list pharmacies that are in our network but are outside <geographic area>.   
Please contact <plan name> at <toll-free number>, <days and hours of operation>,   
for additional information.

<Plan name> members must use network pharmacies to get prescription drugs.

You must use network pharmacies except in emergency or urgent care situations.   
If you go to an out-of-network pharmacy for prescriptions when it is not an emergency, you will have to pay out of pocket for the service. Read the <plan name> Member Handbook for more information.

Some network pharmacies may not be listed in this Directory.

Some network pharmacies may have been added or removed from our plan after   
this Directory was printed.

For up to date information about <plan name> network pharmacies in your area, please   
visit our web site at <web address> or call Member Services at <toll-free number>, <days and hours of operation>. The call is free. [TTY/TDD: <TTY/TDD number>.] *<Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology.>*

To get a complete description of your prescription coverage, including how to fill your prescriptions, please read the Member Handbook and <plan name>’s *List of Covered Drugs*. [*Insert information about where members can find the List of Covered Drugs.*]

## Identifying pharmacies in our network

Along with retail pharmacies, your plan’s network of pharmacies includes:

* [Plans should insert only if they include mail-order pharmacies in their network.] Mail-Order Pharmacies
* Home infusion pharmacies
* Long-term care (LTC) pharmacies
* [Plans should insert only if they include I/T/U pharmacies in their network.] Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies
* [Plans should insert any additional pharmacy types in their network.]

You are not required to continue going to the same pharmacy to fill your prescriptions.   
You can go to any of the pharmacies in our network.

## Long-term supplies of prescriptions

*[Plans should include only if they offer extended-day supplies at any pharmacy location.   
Plans should modify the language below as needed, consistent with their approved extended-day supply benefits.]*

* **Mail-Order Programs.** We offer a mail-order program that allows you to get up to a <number>-day supply of your prescription drugs sent directly to your home. A <number>-day supply has the same copay as a one-month supply.
* **<number>-Day Retail Pharmacy Programs.** Some retail pharmacies may also offer up to   
  a <number>-day supply of covered prescription drugs. A <number>-day supply has the same copay as a one-month supply.

## <Plan Name>’s Network Pharmacies

**Recommended organization:** [*Plans are required to include all of the following fields but have discretion regarding the organizational layout used.*]

<County>

<Pharmacy Name>

<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line.*

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

[***Note:*** *Plans must indicate how types of pharmacies can be identified and located relative to organizational format.*]

[***Note:*** *Plans must indicate when a pharmacy is not available to all members. If symbols are used, a legend must be provided.*]

Retail and Chain Pharmacies

## <State> | <County>

## <City/Town> <Zip Code>

## <Provider Name>

<Provider Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line*.]

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

Home Infusion Pharmacies

## <State> | <County>

## <City/Town> <Zip Code>

## <Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line*.]

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

Long-Term Care Pharmacies

Residents of a long-term care facility, such as a nursing home, may access their prescription drugs covered under <plan name> through the facility’s pharmacy or another network pharmacy.

[***Note:*** *Plans should provide any additional information on long-term care pharmacy services in their network and how enrollees can get more information.*]

## <State> | <County>

## <City/Town> <Zip Code>

## <Pharmacy/Long-Term Facility Name>

<Pharmacy/Long-Term Facility Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line*.]

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

Indian Health Service/Tribal/Urban Indian Health Program (I/T/U) Pharmacies

[***Note:*** *This section applies only if there are ITU pharmacies in the service area*.]

Only Native Americans and Alaska Natives have access to Indian Health Service / Tribal / Urban Indian Health Program (I/T/U) Pharmacies through <plan name>’s pharmacy network. Those other than Native Americans and Alaskan Natives may be able to go to these pharmacies under limited circumstances (e.g., emergencies).

[***Note:*** *Plans should provide any additional information on I/T/U pharmacy services in their network and how enrollees can get more information*.]

## <Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line*.]

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

Network Pharmacies outside the <geographic area>

[Plans’ inclusion of category is optional]

You can get your drugs covered at any of our network pharmacies. This includes our network pharmacies outside of our service area.

## <Pharmacy Name>

<Pharmacy Street Address>

<City, State>

<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain*** *pharmacies: In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line*.]

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]

**[*Optional: Create categories for additional types of network pharmacies not encompassed in the categories above*.]**

<County>

<Pharmacy Name>

<Phone Number>  
<Pharmacy Street Address>  
<City, State>  
<Zip Code>

<Phone Number>

[*Optional: Web and e-mail addresses*]

[***Note for chain pharmacies:*** *In lieu of providing addresses for all locations, plans must provide a toll-free customer service number and a TTY/TDD number that an enrollee can call to get the locations and phone numbers of the chain pharmacies nearest their home. Plan may substitute TTY/TDD number with or add contact information for Video Relay or other accessible technology. All information required below must be available to the member by calling the pharmacy or plan’s toll-free Enrollee Services telephone line.*

[*Indicate Days and hours of operation*] ***Note:*** *Indicate if a pharmacy is open 7 days per week and/or 24 hours per day. You may indicate special services/hours of operation with symbols, although text is preferred. If symbols are used, a legend must be provided. For example, you may use a clock to indicate that a pharmacy is open 24 hours per day. However, it is easier for readers if the Directory simply states, “Open 24 hours.”*]

*[Indicate whether the pharmacy provides an extended day supply of medications.*]

[*Optional: <Special Services:>] [examples**of special services include Home Delivery, Drive Thru, Compounds Prepared*.]

[*List non-English languages (including ASL) spoken by the pharmacy. List non-English languages (including ASL) offered by skilled medical interpreters on site. Indicate if translation services are available.*

[*Indicate the pharmacy’s accessibility to individuals with disabilities (including physical disabilities) and indicate the type of accessibility (i.e., wheelchair access, accessible exam rooms, accessible equipment, etc.).*

[*Indicate whether pharmacy has special experience, skill, expertise, or training in treating persons with; physical disabilities, chronic illness, HIV/AIDS, serious mental illness, homelessness, deafness or hard-of-hearing, blindness or visual impairment, co-occurring disorders, or other area of specialty.*]

[*Indicate if pharmacy is accessible by public transportation.]*

[*Indicate pharmacy licensing information.*]

[*Optional: Indicate whether the pharmacy supports electronic prescribing.*]